

MSERS RETIREMENT ADVANCE REQUEST FORM

SCAN AND EMAIL COMPLETED APPLICATION TO: <u>retirementadvance@tre.state.ma.us</u> OR MAIL TO: ONE WINTER ST., 8TH FLOOR, BOSTON, MA 02108 FAXED APPLICATIONS WILL NOT BE ACCEPTED

1. MEMBER INFORMATION (REQUIRED)

| Name: | Last 4 of SSN | or MSRB ID # (if known): | | | |
|----------------------------------|--------------------------|--------------------------|--|--|--|
| My effective retirement date is: | Date of Birth: | | | | |
| Present Address: | Personal E-Mail Address: | | | | |
| City: | State: | Zip: | | | |
| Phone: | | | | | |

2. TERMS AND CONDITIONS

THE FOLLOWING ARE THE TERMS AND CONDITIONS FOR THE REQUEST OF AN ADVANCE BENEFIT PAYMENT:

- Advances will not be available for members whose benefits are subject to Qualified Domestic Relations Orders (QDROs), support orders, or properly executed liens.
- The member has applied and been found eligible for benefits and all required documentation related to the retirement application has been received by the Board.
- This Retirement Advance Request Form must be completed and submitted to the Board.
- The member has no outstanding payments due to the MSRB or to their employing agency.
- Requests for an advance will be reviewed by Board staff who will determine the final amount of any advance benefit payment that is approved.
- Any advance benefit payment shall be made in an amount determined by Board staff, but in an amount not to exceed 50% of the initial benefit payment.
- Electronic direct deposit of an advance benefit payment is not available.
- Any advance benefit payment made will be deducted from the initial benefit payment made by the Board.
- · Eligible members may only request one benefit advance.

I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED ABOVE FOR THE APPLICATION FOR A BENEFIT ADVANCE. IF APPROVED, I AUTHORIZE THE MASSACHUSETTS STATE RETIREMENT BOARD ("BOARD") / OFFICE OF THE STATE TREASURER TO ISSUE AN ADVANCE PAYMENT IN AN AMOUNT TO BE DETERMINED BY THE BOARD.

3. MEMBER SIGNATURE (REQUIRED - FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE)

| SIGN HERE: X | | | | _ |
|---------------------------------------|------------------|--|------|---|
| | MEMBER SIGNATURE | | DATE | |
| BELOW THIS LINE IS FOR BOARD USE ONLY | | | | |
| | | | | |
| | | | | |

MSRB AUTHORIZED SIGNATORY

ADVANCE AMOUNT

DATE

Email completed form to: retirementadvance@tre.state.ma.us Retirement Advance Payment Request Form